

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000123132

1. Entity Name
IRIS MORE DESIGNS LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 SEP 17 AM 9:46

Principal Place of Business
19275 BISCAYNE BLVD
AVENTURA, FL 33180 US

Mailing Address
1250 E HALLANDALE BEACH BLVD STE 706
HALLANDALE, FL 33009 US

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country



07142008 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-4066855

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KAHN, DONALD J
317 71ST STREET
MIAMI BEACH, FL 33141

7. Name and Address of New Registered Agent

Name
JOSEPH MORE

Street Address (P.O. Box Number is Not Acceptable)
c/o ELITE DESIGNS INTERNATIONAL, INC.

1250 E HALLANDALE BEACH BLVD SUITE 706

City HALLANDALE FL Zip Code 33009

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE JOSEPH MORE DATE 7/17/08

Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME MGR
STREET ADDRESS MORE, JOSEPH
CITY-ST-ZIP 1250 EAST HALLANDALE BEACH BLVD., STE. 706
HALLANDALE, FL 33009

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

800136162818
09/19/08--01048--024 **138.75

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JOSEPH MORE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

7/17/08 954-455-5353
Date Daytime Phone #